

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530402

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10			e			
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20			e			
21				1		
22				1		
23				1		
24			e			
25				1		
26				1		
27				1		
28				1		
29			e			
30			e			
31			1			
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38			e			
39				1		
40				1		
41				1		
42				1		
43			e			
44				1		
45			e			
46			e			
47			e			
48				1		
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		36	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						